

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY**

**Read instructions carefully**

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This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Public Health Nurse I, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

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This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\*\*In order to expedite the hiring process your phone numbers are required\*\*\***

Home/Cellular Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Nursing License: \_\_\_\_\_

Number	Expiration date	State
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**Signature**

**Date**

**I certify that all the statements I have made in this application are true and correct.**

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**Mailing Instructions:**

Mail your completed Supplemental Application, along with a Standard State Application Form (Std. 678) to any of the locations listed on the Examination Bulletin. You may download a copy of the Examination Bulletin, the Supplemental Application and the Standard State Application from the Department of Corrections and Rehabilitation website at [www.cdcr.ca.gov](http://www.cdcr.ca.gov) or from the State Personnel Board website at [www.spb.ca.gov](http://www.spb.ca.gov). 1

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (Std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

All classes in this series require possession of an active valid license as a registered nurse in California and a current certificate as a Public Health Nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.)

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Willingness to work in a State correctional facility at various custody/security levels.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Willingness to work in various mental health settings and programs within the institution and to work with inmates/youthful offenders, including some who may be mentally ill, developmentally disabled, potentially dangerous, and/or sex offenders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Willingness to work with inmates/youthful offenders, including some who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Willingness to stand for long periods of time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Willingness to promote positive, collaborative, professional working relations among co-workers or other staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Willingness to work professionally with individuals from a wide range of cultural backgrounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Willingness to work weekend work shifts (that is, Saturday and/or Sunday shifts) on an as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Willingness to work from high tiers (approximately 15 to 60 feet) above the ground.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Willingness to carry equipment and materials weighing up to 20 pounds (charts, vaccines, sharps containers), to various areas on institution grounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Willingness to wear protective clothing (e.g., vests, hard hats, glasses/goggles/masks, and appropriate footwear, etc.) as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Willingness to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, etc.) applicable to specific work assignments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Willingness to comply with annual tuberculosis screening requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Willingness to abide by and adhere to the institutional dress code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Willingness to comply with departmental training requirements and participate in on-going education specific to your work assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

<b>Note to Applicants:</b> Under "Work Experience," for items #15-45, please indicate:  <b>Frequency:</b> a) If you have performed this task within the last 24 months  b) How often you perform this task (Please select one box from "weekly" "monthly" and "annually" column)  <b>Level of Skill:</b> a) The level of skill that you have in performing this task (Please select one box from the "level of skill" column)	Frequency				Level of skill		
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING
15. Assist patients and staff with the prevention and control of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform public health nursing services for patients and or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Direct staff and patients on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provide training/orientation to all staff on public health subjects (e.g., Blood Borne pathogens, tuberculosis, universal precautions, respiratory protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Perform epidemiological/contact investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide instruction to others (e.g., patients, staff, Health Care providers, community health care providers, visitors, etc.) regarding the care of patients and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Implement infectious disease control procedures in order to contain the spread of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Participate in conferences on community/public health problems in order to keep abreast of the current public health issues and changes in treatment and reporting requirements, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Act as liaison with State and local county health departments and other appropriate organizations on infectious disease control issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Assist medical staff with development of policies and procedures on infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Maintain accurate records (e.g., laboratory results, sterilization logs of equipment, environmental surveillance, immunization, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Prepare various written reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Facilitate nursing care for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Collaborate with health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE, CONTINUED									
<b>Note to Applicants:</b> Under "Work Experience," for items #15-40, please indicate:  <b>Frequency:</b> a) If you have performed this task within the last 24 months  b) How often you perform this task <i>(Please select one box from "weekly" "monthly" and "annually" column)</i>  <b>Level of Skill:</b> b) The level of skill that you have in performing this task <i>(Please select one box from the "level of skill" column)</i>	Frequency				Level of Skill				
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING		
29. Administer vaccinations/TB testing to patients and/or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. Obtain specimens from patients for diagnostic testing as ordered by health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Document in the medical records, the public health services received by patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. Monitor environment to ensure cleanliness and safe working conditions per CCR Title 8, 17 and 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33. Advocate for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Provide patient education and/or discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35. Participate on various meetings/committees/task forces/projects/teams, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36. Perform tuberculosis screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37. Responsible for adhering to the confidentiality of patient and/or staff information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38. Prioritize work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. Instruct staff on the proper storage and disposal of bio-hazardous materials (e.g., needles, dressings, bandages, contaminated laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. Understand the disposal of bio-hazardous materials (e.g., needles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41. Understand the use of universal precautions, and Local Exposure Control Plan, per CCR Title 8 requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. Establish, promote and maintain collaborative and cooperative working relationships with all departmental staff and outside agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43. Interpret written documents (e.g., skin test results, laboratory results, health care provider notes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Assist patients with the prevention and control of communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45. Perform public health nursing services for patients and/or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.  
If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any  
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ 7231 **NORTHERN REGION** – If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- |  |  |
|--|--|
| <input type="checkbox"/> 0309 <b>Mule Creek State Prison</b><br>Ione, Amador County              | <input type="checkbox"/> 3417 <b>Richard A. McGee Correctional Training Center,</b><br>Galt, Sacramento County |
| <input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b><br>Crescent City, Del Norte County | <input type="checkbox"/> 3423 <b>CSP, Sacramento</b><br>Represa, Sacramento County                             |
| <input type="checkbox"/> 1802 <b>California Correctional Center</b><br>Susanville, Lassen County | <input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b><br>Tracy, San Joaquin County                 |
| <input type="checkbox"/> 1805 <b>High Desert State Prison</b><br>Susanville, Lassen County       | <input type="checkbox"/> 4804 <b>California Medical Facility</b><br>Vacaville, Solano County                   |
| <input type="checkbox"/> 2102 <b>CSP, San Quentin</b><br>San Quentin, Marin County               | <input type="checkbox"/> 4811 <b>CSP, Solano</b><br>Vacaville, Solano County                                   |
| <input type="checkbox"/> 3400 <b>Headquarters</b><br>Sacramento, Sacramento County               | <input type="checkbox"/> 5505 <b>Sierra Conservation Center</b><br>Jamestown, Tuolumne County                  |
| <input type="checkbox"/> 3404 <b>Folsom State Prison</b><br>Represa, Sacramento County           |  |

**YOUTH FACILITIES:**

- |   |
|---|
| <input type="checkbox"/> 3902 <b>DeWitt Nelson YCF</b><br>Stockton, San Joaquin County                        |
| <input type="checkbox"/> 3908 <b>O.H. Close YCF</b><br>Stockton, San Joaquin County                           |
| <input type="checkbox"/> 3917 <b>N.A. Chaderjian YCF</b><br>Stockton, San Joaquin County                      |
| <input type="checkbox"/> 3907 <b>Northern California YCF</b><br>Stockton, San Joaquin County                  |
| <input type="checkbox"/> 0311 <b>Pine Grove Youth Conservation Camp Facility</b><br>Pine Grove, Amador County |
| <input type="checkbox"/> 0307 <b>Preston YCF</b><br>Ione, Amador Count  |

☐ 7232 **CENTRAL REGION** – If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1015 <b>Pleasant Valley State Prison</b><br>Coalinga, Fresno County    | <input type="checkbox"/> 2003 <b>Central California Women's Facility</b><br>Chowchilla, Madera County         |
| <input type="checkbox"/> 1513 <b>Wasco State Prison</b><br>Reception Center, Wasco, Kern County | <input type="checkbox"/> 2004 <b>Valley State Prison for Women</b><br>Chowchilla, Madera County               |
| <input type="checkbox"/> 1514 <b>North Kern State Prison</b><br>Delano, Kern County             | <input type="checkbox"/> 2701 <b>Correctional Training Facility</b><br>Soledad, Monterey County               |
| <input type="checkbox"/> 1522 <b>Kern Valley State Prison</b><br>Delano, Kern County            | <input type="checkbox"/> 2708 <b>Salinas Valley State Prison</b><br>Soledad, Monterey County                  |
| <input type="checkbox"/> 1605 <b>Avenal State Prison</b><br>Avenal, Kings County                | <input type="checkbox"/> 4005 <b>California Men's Colony</b><br>San Luis Obispo, San Luis Obispo County       |
| <input type="checkbox"/> 1606 <b>CSP, Corcoran</b><br>Corcoran, Kings County                    | <input type="checkbox"/> 1608 <b>California Substance Abuse Treatment Facility,</b><br>Corcoran, Kings County |

**YOUTH FACILITIES:**

- |  |
|--|
| <input type="checkbox"/> 4003 <b>El Paso de Robles YCF</b><br>Paso Robles,<br>San Luis Obispo County |
|--|

☐ 7233 **SOUTHERN REGION** – If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1307 <b>Calipatria State Prison</b><br>Calipatria, Imperial County (North) | <input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b><br>Blythe, Riverside County                         |
| <input type="checkbox"/> 1308 <b>Centinela State Prison</b><br>Imperial, Imperial County (South)    | <input type="checkbox"/> 3329 <b>Ironwood State Prison</b><br>Blythe, Riverside County                                   |
| <input type="checkbox"/> 1503 <b>California Correctional Institution</b><br>Tehachapi, Kern County  | <input type="checkbox"/> 3612 <b>California Institution for Men</b><br>Chino, San Bernardino County                      |
| <input type="checkbox"/> 1995 <b>CSP, Los Angeles</b><br>Lancaster, Los Angeles County              | <input type="checkbox"/> 3613 <b>California Institution for Women</b><br>Corona, San Bernardino County                   |
| <input type="checkbox"/> 3310 <b>California Rehabilitation Center</b><br>Norco, Riverside County    | <input type="checkbox"/> 3715 <b>R. J. Donovan Correctional Facility at Rock Mountain</b><br>San Diego, San Diego County |

**YOUTH FACILITIES:**

- |   |
|---|
| <input type="checkbox"/> 3628 <b>Heman G. Stark YCF</b><br>Chino, San Bernardino County                                       |
| <input type="checkbox"/> 1967 <b>Southern Youth Correctional Reception Center &amp; Clinic</b><br>Norwalk, Los Angeles County |
| <input type="checkbox"/> 5610 <b>Ventura YCF</b><br>Camarillo, Ventura County   |

Please notify CDCR promptly of any address changes or availability for employment at the following address:  
CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

***HOW DID YOU HEAR ABOUT THE PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY EXAMINATION?***

Check the box that best describes how you found out about the PUBLIC HEALTH NURSE I, CORRECTIONAL FACILITY examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other